CLAIMS ONLY

Application Number	Filing Date
10/682306	4-14-05

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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13						
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15						
16	1					
17		1				
18		1				
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23	1					
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25		1				
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50						
Total Indep	3					
Total Depend		14				
Total Claims		17				

	Indep.	Depend.	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						